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Bib Data Sheet

CONFIRMATION NO. 8806

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/773,889   | <b>FILING DATE</b><br>02/02/2001<br><b>RULE</b>   | <b>CLASS</b><br>455           | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>P12509-US1 SC |                                |
| <b>APPLICANTS</b><br>Abdulrauf Hafeez, Cary, NC;<br>Karl James Molnar, Cary, NC;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br><i>NONE</i>   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>NONE</i>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 05/23/2001</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <input type="checkbox"/> Allowance<br>Verified and <i>NONE</i><br>Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>NC | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>32                   | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>HARRITY & SNYDER, L.L.P.<br>Suite 300<br>11240 Waples Mill Road<br>Fairfax, VA 22030   |   |                               |   |   |                                |
| <b>TITLE</b><br>Estimation and compensation of the pulse-shape response in wireless terminals  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1006   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |